RESOLUTION NO. 87-159

RESOLUTION APPROVING THE REQUEST OF THE LODI AMBULANCE SERVICE FOR A RATE MODIFICATION EFFECTIVE NOVEMBER 18, 1987

RESOLVED, that the City Council of the City of Lodi does hereby approve the request of the Lodi Ambulance Service for a rate modification effective November 18, 1987, as shown on Exhibit A attached hereto and thereby made a part hereof.

Dated: November 18, 1987

I hereby certify that Resolution No. 87-159 was passed and adopted by the City Council of the City of Lodi in a regular meeting held November 18, 1987 by the following vote:

Ayes: Council Members - Hinchman, Pinkerton, Reid, Snider and Olson (Mayor)

Noes: Council Members - None

Absent: Council Members - None

Alice M. Reimche

City Clerk



ITAL LIFE MEDICAL INDUSTRIES, INC.

OCT 20 '87

October 15, 1987

City Manager's Office

Mr. Thomas Peterson Lodi City Manager Lodi City Hall 222 W. Pine Street Lodi, California 95240

Dear Mr. Peterson,

We are advising you with a thirty (30) day notification of a fee adjustment.

Due to an increase in operational expenses during the past nineteen (19) months and the projection for expanding systems we deem it necessary to adjust our fees.

Our future goals are to computerize our Communications Center. This will enable us to track our ambulances and systematically send the closest ambulance. We have added an additional ambulance to service the community due to an increase in simultaneous calls. However, we have not really generated any significant increase in patient transports. Our personnel costs and benefits have increased and will continue to do so during the next year.

We will be adjusting fees to the County maximum allowance except for mileage of which will be adjusted to \$7.00.

Any questions with regard to this communication, please contact me at (209) 339-4021.

Respectfully,

LIFE MEDICAL INDUSTRIES, Inc

Mrs. Joann Hodge

Chief Financial Officer

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SERVING SAN JOAQUIN COUNTY SINCE 1969

ALL CITY AMBULANCE

LODI AMBULANCE

Life Medical Ambulance Service Rate Modification

Gu	errent Rates	Proposed Rates
Base Rate Non-Emergency	s 100.00	3 138.00
Base Rate Emergency	143.00	181.00
Base RateAdvance Life Support	285.00	331.00
Night Call(7:00pm - 7:00am)	30.00	43.00
Oxygen (per use)	22.00	26.00
Mileage (per mile)	6.50	7.00
Waiting Time (per 1/2 hours)	20.00	24.00

JH/MN; cy "rate" Enclosure #1 10/87

5.36.250 Rates to be charged for ambulance service.

A. The owner of every ambulance operating in the city shall file file with his application for an ambulance operator's permit, a true and correct schedule of rates to be charged for the transportation of passengers in any and all vehicles operated by such operator. The rates shall not be changed or modified in any manner without first filing such changed or modified rates with the city cierk thirty days prior to the effective date of such change or modification.

B. The city council reserves the right to finally determine and fix by resolution, the rates to be charged by the operator of the ambulance service. (Ord. 1347 § 25, 1985)

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